## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further on dicated unless correcte maintenance fee notificat	d below or directed oth	ig the Patent, advance or serwise in Block 1, by (a	ders and notification of specifying a new corre	maintenance fees w spondence address;	and/or (b) indicating	g a separa	te "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
26574 SCHIFF HARI PATENT DEPA 6600 SEARS TO	RTMENT		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
CHICAGO, IL 60606-6473				(Depositor's name)				
							(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	₹	ATTORNEY DOCKE	T NO.	CONFIRMATION NO.	
10/603,026	5 06/24/2003		Torsten Niederdrank		P03,0226 2603		2603	
TITLE OF INVENTION		FOR A HEARING AID					T	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	<u> </u>			DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$174	0	05/27/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
PHILLIPS, FORREST M		2837	381-318000					
<ul> <li>I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ul>			or agents OR, alternat (2) the name of a sing registered attorney or 2 registered patent att listed, no name will be	Tup to 3 registered patent attorneys ernatively, a single firm (having as a member a ey or agent) and the names of up to attorneys or agents. If no name is will be printed.  1 Schiff Hardin LLP 2 3				
PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIC Siemens A	ess an assignee is ident h in 37 CFR 3.11. Comp GNEE udiologische	ified below, no assignee pletion of this form is NO Technik GmbH	data will appear on the T a substitute for filing ar (B) RESIDENCE: (CIT	patent. If an assigned assignment. Y and STATE OR Congen, GERM	OUNTRY) ANY		nument has been filed for	
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	☑ Individual 🔼 Co	rporation or other pr	ivate grou	p entity Government	
	are submitted: lo small entity discount p	permitted)	A check is enclosed. Payment by credit ca The Director is hereb	The ment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Electronically  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any verpayment, to Deposit Account Number (enclose an extra copy of this form).				
	tus (from status indicated				I ENTERN C	27 OF	2.1.27(-)(2)	
	s SMALL ENTITY state		b. Applicant is no lor				assignee or other party in	
nterest as shown by the r	ecords of the United Sta	tes Patent and Trademark	Office.				assigned of other party in	
Authorized Signature		Y. Not	l		y 8, 2008			
	e Steven H				o. <u>28,982</u>			
This collection of informa an application. Confident submitting the completed his form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bur irginia 22313-1450. DC	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR (	on is required to obtain or 1.14. This collection is endepending upon the indice the Chief Information Office COMPLETED FORMS T	retain a benefit by the stimated to take 12 re vidual case. Any co ser, U.S. Patent and O THIS ADDRESS	ne public which is to ninutes to complete, mments on the amou Trademark Office, U SEND TO: Commi	file (and be including int of time in S. Departs in S. Dep	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.